

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 77 46 37	FILING DATE 07-05-01						
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51						
2		/					52						
3	/						53						
4		/					54						
5	/						55						
6		/					56						
7	/						57						
8		/					58						
9		/					59						
10		/					60						
11	/						61						
12		/					62						
13		/					63						
14		/					64						
15	/						65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
20		/					70						
21		/					71						
22	/	/					72						
23		/					73						
24		/					74						
25		/					75	BEST AVAILABLE COPY					
26	/						76						
27		/					77						
28		/					78						
29		/					79						
30	/						80						
31		/					81						
32		/					82						
33		/					83						
34	/						84						
35		/					85						
36		/					86						
37		/					87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						